PART B - FEE(S) TRANSMITTAL

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ÀD	EMAR		· · · · · · · · · · · · · · · · · · ·	or Fax	Commissioner for P.O. Box 1450 Alexandria, Virgi (571)-273-2885	Patents nia 22313-1450	
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEB and PUBLICATION FEB (if required). Blocks I through 5 should be completed where indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEB ADDRESS" for CURRENT CORRESPONDENCE ADDRESS (See Manufacture).						
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					Efleen Sheffield		(Depositor's mune)
					Silean	- Stoffee	(Highstere)
	APPLICATION NO.	FILING DATE		ETDOM NAME OF THE PARTY OF THE	May 28 2 008		(D _{4f0})
	10/768,972	01/30/2004		FIRST NAMED INVENT	OR A	TTORNEY DOCKET NO.	CONFIRMATION NO.
	TITLE OF INVENTION: HIP PROSTHESIS		Patrick Cruchet		DNAG-275	4547	
	APPLN. TYPE	SMALL ENTITY					
	nonprovisional		ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSUE F	EB TOTAL FEE(S) DUE	DATE DUE
		NO	\$1440	\$300	\$0	\$1740	06/24/2008
	EXAMINER		ART UNIT	CLASS-SUBCIJASS	_}		
	WILLSE, DAVID H 3738 1. Change of correspondence address or indication of "Fee Address or indication" of "Fee Address or indication of "Fee Address or indi		•	623-022180	-		
	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is regulated. 3. ASSIGNES NAME AND RESIDENCE DATA TO BE PRINTED ON DI PASE NOVE. Italian.			2. Por printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
1) 2)	(A) NAME OF ASSIGNEE CeramTee AG Ceramconcept Worldwide L.L.C.			dinta will appear on the patent. If an assigned is identified below, the document has been filled for IT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 1) Plochingen, Germany 2) Newark, Delaware, U.S.A. dinted on the patent): Individual Corporation or other private group entity Government			
	4a. The following fos(s) are submitted: 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c			Payment of Fee(s): (Phrase first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the bround (ee(s), any deficiency, or credit any overpayment; to Deposit Account Number \$22604. (coclose an extra copy of this form).			
	a. Applicant claims SMALL ENTITY status. See 37 CEP 1 27						
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OMB 0651-0033

105/E7/2008

File Number: DNAG-275 (10401345) IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Cruchet, et al.

Serial Number:

10/768,972

Filed:

January 30, 2004

For:

HIP PROSTHESIS

Art Unit:

3738

Examiner: D. H. Willse

Class-Subclass:

623-022180

Commissioner for Patents

May 19, 2008

P.O. Box 1450

Alexandria, Va. 22313-1450

TRANSMITTAL LETTER

Sirs: Enclosed for filing are:

Fee amount

Issue Fee and Form PTOL-85b and PTOL-85c

\$ 1,440 (Large Entity)

圍 PTO-2038

靈 Supplemental Declaration

no charge

Priority Document(s)

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Number

Number

Publication Fee

\$ 300.00

\$ 9.00

Advance Order (3 copies)

Total

\$ 1,749.00

Other: 1.

Part B - Fee(s) Transmittal

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Services by facsimile addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Va. 22313 on May 25, 2008 by Eileen Sheffield

Respectfully yours,

mes R. Crawford Keg. No. 39,155

*Duplicate copy enclosed 666 Fifth Avenue New York, NY 10103 (212) 318-3000